

orney Docket No.: 003399.P048

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application for:

Michal Bujak et al.

Serial No.: 09/873,063

Filing Date: 05/31/2001

For: SIGNAL-PROCESSING BASED

APPROACH TO TRANSLATION OF WEB PAGES INTO WIRELESS

PAGES

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Examiner: Nguyen Ba, Paul H.

Group Art Unit: 2176

Confirmation No.: 4007

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

(Date of Deposit)

(Printed name)

Signature)

| <u>| | | | | | |</u> (Date)

PAYMENT OF ISSUE FEE

Dear Sir:

In response to the Notice of Allowance mailed June 6, 2005, enclosed herewith for filing in the above-referenced patent application is a check in the amount of \$1,400.00 for payment of the issue fee.

If there is a deficiency in fees, please charge our Deposit Account No. 02-2666.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date:

Jordan M. Becker Reg. No. 39,602

Customer No. 26529 12400 Wilshire Boulevard Seventh Floor Los Angeles, CA 90025-1026 (408) 720-8300

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FEE TRANSMI for FY 200	5	-	Application Number Filing Date First Named Inventor	0 N N
Applicant claims small entity status. So	ee 37 CFR (\$)	1.27.	Examiner Name Art Unit Attorney Docket No.	1 2 3
METHOD OF PAYMENT (check all Check □ Credit card □ Money Composit Account Deposit Account I For the above-identified deposit account I Charge fee(s) indicated below Charge any additional fee(s) or under 37 CFR §§ 1.16, 1.17, 1	Order D Number: count, the	None CO 02-2666 D Director is he	☐ Charge fee(s)	: Bla

Complete if Known				
Application Number	09/873,063			
Filing Date	May 31, 2001			
First Named Inventor	Michal Bujak			
Examiner Name	Nguyen Ba, Paul H.			
Art Unit	2176			
Attorney Docket No.	3399P048			

Check Credit card Money Order None Other (please identify):	METHOD OF PAYMENT (check all that apply)					
Deposit Account Deposit Account Number: Q2-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments Credit any overpayments Credit any overpayments						
Total Claims	☐ Charge fee(s) indicated below ☐ Charge Charge any additional fee(s) or underpayment of fee(s) ☐ Cred	ge fee(s) indicated below, except for the filing fee				
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Subtotal (1) (\$) 0.00	Total Claims	**or number previously paid, if greater, For Reissues, see below				
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Other fee (specify) Issue Fee SUBTOTAL (2) (\$) 1,400.00						

SUBMITTED BY Complete (if applicate					lete (if applicable)		
		M. Becker		Registration No. (Attorney/Agent)	39,602	Telephone	(408) 720-8300
Signature	7	M		•	,	Date	09/06/05